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JUN 22 2006

Attorney's Docket 040021-0306769
Client Reference: OPP 031059 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of:
SEUNG-CHUL CHOI

Confirmation No: 3859

Application No.: 10/735,912

Group Art Unit: 1763

Filed: December 16, 2003

Examiner: LUND, Jeffrie Robert

Title: CHEMICAL VAPOR DEPOSITION APPARATUS AND METHOD

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450CERTIFICATION OF FACSIMILE TRANSMISSION
UNDER 37 C.F.R. §1.8

I hereby certify that the following papers are being facsimile
transmitted to **Examiner Jeffrie R. Lund** of the Patent and Trademark
Office at **(571) 273-8300** on the date shown below:

Amendment

Amendment Transmittal Form

PILLSBURY WINTHROP SHAW PITTMAN LLP


JEFFREY D. KARCESKI
Reg. No. 35914Date: June 22, 2006
P.O. Box 10500
McLean, VA 22102
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(Certification of Facsimile Transmission--page 1)

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Alexandria, VA 22313-1450

AMENDMENT/RESPONSE TRANSMITTAL

Transmitted herewith is an amendment/response for this application.

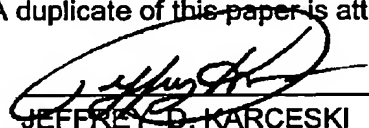
FEES

The fee for claims and extension of time (37 C.F.R. 1.16 and 1.17) has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDIT. FEE	
TOTAL	13	-	20	=	0	X \$	=	\$
INDEP.	2	-	3	=	0	X \$	=	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+ \$	=	\$ 0.00
TOTAL ADDITIONAL CLAIM FEE							\$	
GRAND TOTAL							\$	0.00

FEE PAYMENT

Authorization is hereby made to charge the amount of \$0.00 to Deposit Account No. 033975. Charge any additional fees required by this paper or credit any overpayment in the manner authorized above. A duplicate of this paper is attached.

Date: June 22, 2006
PILLSBURY WINTHROP SHAW PITTMAN LLP
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McLean, VA 22102
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JEFFREY D. KARCESKI
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June 22, 2006

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated March 22, 2006, the date for response to which being June 22, 2006, please amend the above-identified application as follows:

400413672v1

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